

### Billing and Reporting

|                                  |  |   |                       |
|----------------------------------|--|---|-----------------------|
| Account Number<br>352929         | Field Number (Bottle Label ID)         | Report to Address (Non-DNR only)<br>14555 Avion Parkway Suite 200 |                       |
| DNR User ID                      | Report To Name<br>ERG c/o Jessica Gray | City<br>Chantilly   | State ZIP<br>VA 20151 |
| Date Results Needed (mm/dd/yyyy) |  | Report to Email (Non-DNR only)<br>Jessica.Gray@erg.com            |                       |

### Date and Time of Sample Collection

|                                 |                    |                                     |          |
|---------------------------------|--------------------|-------------------------------------|----------|
| Date (mm/dd/yyyy)<br>05/03/2018 | Time (24-hr clock) | End Date (mm/dd/yyyy)<br>05/03/2018 | End Time |
|---------------------------------|--------------------|-------------------------------------|----------|

### Sample Type

Sample Type: (select one)

|   |  |  |  |
|---|--|--|--|
| <input type="radio"/> SU Surface Water        | <input type="radio"/> NP Storm Water     | <input type="radio"/> EF Effluent (Treated Wastewater) | <input type="radio"/> IF Influent (Untreated wastewater) |
| <input type="radio"/> D Public Drinking Water | <input type="radio"/> MW Monitoring Well | <input checked="" type="radio"/> PO Private Well       | <input type="radio"/> SE Sediment                        |
| <input type="radio"/> SL Sludge               | <input type="radio"/> SO Soil            | <input type="radio"/> TI Tissue                        | <input type="radio"/>                                    |

### Who collected the sample

|                                     |                             |                                 |
|-------------------------------------|-----------------------------|---------------------------------|
| Collected By Name<br>Cheryl Burdett | Telephone<br>(312) 886-1463 | Email<br>burdett.cheryl@epa.gov |
|-------------------------------------|-----------------------------|---------------------------------|

### Where the sample was collected

|                       |  |   |
|-----------------------|--|---|
| Station ID (STORET #) | Sample Address or Location Description |   |
| County                | Waterbody ID (WBIC)                    | Point / Outfall (or SWIMS Fieldwork Seq No) |

### Sample Details

Sample Description / Device Description

|   |   |   |
|---|---|---|
| Enforcement? <input type="radio"/> Yes <input type="radio"/> No           | If Field QC Sample (select one):<br><input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> | Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm                                 |
| If yes, include chain of custody form.                                    |   |   |
| Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No | Grant or Project Number   | Or Top and Bottom of Sample Interval:<br>_____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm |
| If yes, how?  |   |   |

### Analyses Requested

If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.

#### Plastic Quart Bottle (No chemical preservation)

☐ Sample field filtered? (Check box if yes)

|   |   |
|---|---|
| <input type="checkbox"/> Alkalinity, pH, Conductivity                             | <input type="checkbox"/> Color                    |
| <input type="checkbox"/> BODs Dissolved   | <input type="checkbox"/> Fluoride                 |
| <input type="checkbox"/> BODs Total (900 ml needed)                               | <input type="checkbox"/> MBAs Screening           |
| <input type="checkbox"/> CBODs Total (carbonaceous)                               | <input type="checkbox"/> pH only (non compliance) |
| <input checked="" type="checkbox"/> Chloride                                      | <input type="checkbox"/> Sulfate                  |
| <input type="checkbox"/> Chlorophyl A (if Field Filtered, give ml _____ filtered) | <input type="checkbox"/> Turbidity                |

#### Solids

|  |  |
|--|--|
| <input type="checkbox"/> Suspended Sediment                            | <input type="checkbox"/> % Sand, Silt, Clay                                    |
| <input type="checkbox"/> Total Dissolved Solids                        | <input type="checkbox"/> Total Suspended Solids (500 ml needed)                |
| <input type="checkbox"/> Total Solids                                  | <input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids) |
| <input type="checkbox"/> Total Volatile Solids (includes total solids) |  |

#### 60 ml Bottle (No chemical preservation)

☐ Sample field filtered? (Check box if yes)

|   |   |
|---|---|
| <input type="checkbox"/> Orthophosphate | <input checked="" type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water) |
| <input type="checkbox"/> Silica         | <input checked="" type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen                        |

#### 250 ml Glass Amber (Acidify w/Sulfuric Acid)

|                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> TOC | <input type="checkbox"/> DOC |
|------------------------------|------------------------------|

#### 250 ml Metals Bottle (Acidify w/ Nitric Acid)

☐ Sample field filtered? (Check box if yes)

☐ Low Level Metals. Note: Clean sampling with special bottles

☐ TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)

Total recoverable metals will be run unless otherwise instructed.

|  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Aluminum        | <input type="checkbox"/> Copper                        | <input type="checkbox"/> Selenium  |
| <input type="checkbox"/> Antimony        | <input type="checkbox"/> Hardness-as CaCO <sub>3</sub> | <input type="checkbox"/> Silver    |
| <input type="checkbox"/> Arsenic         | <input type="checkbox"/> Iron                          | <input type="checkbox"/> Sodium    |
| <input type="checkbox"/> Barium          | <input type="checkbox"/> Lead                          | <input type="checkbox"/> Strontium |
| <input type="checkbox"/> Beryllium       | <input type="checkbox"/> Magnesium                     | <input type="checkbox"/> Thallium  |
| <input type="checkbox"/> Boron           | <input type="checkbox"/> Manganese                     | <input type="checkbox"/> Titanium  |
| <input type="checkbox"/> Cadmium         | <input type="checkbox"/> Mercury                       | <input type="checkbox"/> Vanadium  |
| <input type="checkbox"/> Calcium         | <input type="checkbox"/> Molybdenum                    | <input type="checkbox"/> Zinc      |
| <input type="checkbox"/> Chromium, Total | <input type="checkbox"/> Nickel                        |                                    |
| <input type="checkbox"/> Cobalt          | <input type="checkbox"/> Potassium                     |                                    |

#### 250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

☐ Sample field filtered? (Check box if yes)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Tot.-Phosphorus   | <input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen | <input type="checkbox"/> Total Kjeldahl-N |
| <input checked="" type="checkbox"/> Ammonia-N  | <input type="checkbox"/> COD   | <input type="checkbox"/> Total Nitrogen   |
| <input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle) |  |   |

#### 250 ml Round Bacteria Bottle

☒ E. coli by MPN, non-potable

☐ Enterococci by MPN, non-potable

For lab use:

Sample Temp \_\_\_\_\_ °C

☐ Iced

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.  
Additional parameters or instructions to laboratory:

**Field Parameters - Optional****Only fill out if directed by your project coordinator.**

Temperature - Sample (°C) \_\_\_\_\_ . \_\_\_\_\_  
 Temperature - Ambient Air (°C) \_\_\_\_\_ . \_\_\_\_\_  
 DO (mg/l) \_\_\_\_\_ . \_\_\_\_\_  
 % Saturation \_\_\_\_\_ . \_\_\_\_\_  
 pH (su) \_\_\_\_\_ . \_\_\_\_\_  
 Secchi Depth (feet or meters) \_\_\_\_\_ . \_\_\_\_\_  
 Secchi Depth Hit Bottom? ft or m ☐ Yes ☐ No  
 Cloud Cover (%) \_\_\_\_\_  
 Cond (µS/CM@25°C) \_\_\_\_\_

Gage Height (ft) \_\_\_\_\_ . \_\_\_\_\_  
 Flow (cfs) \_\_\_\_\_ . \_\_\_\_\_  
 Flow (MGD) \_\_\_\_\_  
 Depth to Groundwater ft or m \_\_\_\_\_ . \_\_\_\_\_  
 Turbidity (NTU) \_\_\_\_\_ . \_\_\_\_\_  
 Transparency Tube (cm) \_\_\_\_\_ . \_\_\_\_\_  
 Nitrates (mg/l) \_\_\_\_\_

**Tips**

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <http://intranet.dnr.state.wi.us/int/es/science/ls/Forms/Instructions.htm>) for further instructions and definitions.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to <http://intranet/int/es/science/ls/Account.htm> or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or Project Number** field should include the Lake Planning Grant Number or the Project Number.

**Sample Depth** – If you sample in a lake, this is required.

**Field Parameters** – If you do fill this out, the data will go into SWIMS automatically. Please do not re-enter. Also, you must QA the data once it arrives in SWIMS.